V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

D. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	101/2
County Worcester	Registration Dist. No. 35/
Village or City Luon Hill	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
51 000	
2. FULL NAME Noward Donks	If U. S. Veteran, specify WAR
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Lingle	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERT I FY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 30, 1906	Hast saw h MM alive on Martinble 30, 1930; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1/1.45m.Q. 714,
31 /6 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Latour SAWYER, BDDKKEEPER, etc.	Oroncho premorio 11/22/3
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. SAWYER, BDDKKEEPER, etc. SAW MILL, BANK, etc. 1D. Date deceased last worked et this open deating (month and	theute Browchills 1/1/3
year) September 123 occupation 12. BIRTHPLACE (city or town) Occupation (State or country)	Dther Contributory Causes of importence:
13. NAME plus Bonks 14. BIRTABLACE (city or town) Virginia	Name of operation Date of
(State or country)	What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME Susionne Johnson	23. If deeth wes due to externel causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Urguin	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. Though Jackson (Address) Indu Hill, Mil	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date Dec. 5 1937	Manner of injury
19. UNDERTAKER Edgar Thomas (Address) Accomac V	24. Was disease or injury In any wey related to occupetion of deceased? If so, specify AA
20. FILED 12/5, 19.3 7 LEDy Sueeth Registrar.	(Signed) ! M. D. (Address) M. D. 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	WILLIAM TO SERVICE
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR	
RESERVED	
LARGIN	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 13407
1. PLACE OF DEATH	(17)
County Horcester	Registration Dist. No. 3 5 2
Village or City Bealin (16	No. South Marin St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Mildred & lla	Beauchamp,
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATED ST. 193 7 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	(100)
(or) WIFE of Unmorreed	1 HEREBY CERTIFY, That t attended deceased from 1974, to Dec 1991, 1937
6. DATE OF BIRTH (month, day, and year) Que 30, 1905	I list sew h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
R. Trade, profession, or particular	1 Detectioned
kind of work done, as SPINNER, AWYER, BOOKKEEPER, etc.	Unliversity 413
work wes done, es SILK MILL, Office Work	4
SAW MILL, BANK, etc	V
10. Dato deceased last worked at this occupation (month and year)	
nh halomaile	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME James Of Beachuras	
The state of the s	No. of a solin
(State or country)	Name of operation
15. MAIDEN NAME Of the All. Hastings	23. If death was due to external ceuses (VIOLENCE) fill in also the following;
T T	Accident, suicide, or homicide?
2 16. BIRTHPLACE (city or town)	Where did injury occur?
of the my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Stability of Marchings.	Speedy whether myary occurred in introduct, in nome, or in robeto reads.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Toushapoulle, Molte Dec 27, 1937	Neture of injury
19. UNDERTAKER Mrs Mr. Pasha Watson	24. Was disease or Injury In any way related to occupation of deceased?
20, FILED Alle & 6, 190 7 D & Mayor Sorf.	(Signed) Chas. I. Jaw. M. D.
Registrar.	(Address)
as more vianes are needed, address State Kegistrar.	2411 IV. Charles Street, Dailimore, Kequesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	(F)
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RECORD.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 353 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city octown where death occurred How long In U.S. if of foreign birth? vrs. mos. ds. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) VyIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months If LESS than Davs to have occurred on the date stated above, at_ I day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years) this occupetion (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER Neme of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? ----- Was there en autopsy?_ MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? _____ Date of Injury____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 18. BURIAL CREMATIO Manner of injury Neture of injury If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

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See instructions on back of certificate.

AUSE OF DEATH in plain terms, so that it may be

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ion should be carefully supplied.

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STATE OF MARYLAND	CERTIFICATE OF DEATH 13409
1. PLACE OF DEATH	(52)
County Worcester	Registration Dist. No. 253
Village or City Bishopville, Ind.	No. St. Ward
Length of residence in city or town where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos
0	1 - Continue of the continue o
2. FULL NAME James Comp	2000
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF, DEATH
3. SEX 4. COLOR OR RACE OR. DIVORCED (write the way) OR DIVORCED (write the way)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mancy Campbel	22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937, to Dec 172 1837
6. DATE OF BIRTH (month, day, and year) 12e26 186	I last saw here allve on Oce 5-2, 1937; death is said
7. AGE Years Months Oays If ESS th	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
O Trade profession or particular	Bronchopmannia Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Bishopville (State or country)	Other Contributory Causes of Importance: Plasteau
13. NAME Sensy Cumpbell 14. BIRTHPLACE (city or town)	T screp.
(State of country)	Name of operationOate of What test confirmed diagnosis? Was there an autopsy? //
15. MAIDEN NAME Jally ann Pridas	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sally ann Suits 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Fronte Compiled 1750 (Address) Sishop Ind. 1750	Where did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL Thech church your	Manner of Injury
Placed Ushopully Trix Date , Dec 13, 196	3.1 Nature of injury
19. UNDERTAKER M. Kasha Walson (Address) Life and the Del	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 12/13 , 1937 Aus Pay Berger	(Signed) Barley, M.D. (Address) M.D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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TION is very important. See instructions on back of certificate.

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N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10410
County Morcester WITHIN	Registration Dist. No. 350
Village or City Hocomole City	No. St. Ward
/ 7 7	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Henry W. Bolona	DA D
(a) Residence: No Ocomohe City Four	If U. S. Veteran, specify WAR 4
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (1) ice tha word)	21. DATE OF DEATH (Month) (Day) (Tear)
5d. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia a. Colona	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lally 14 - 1958	I last saw h. Lee alive on X 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted ebove, at
79 4 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
9 Trade profession or particular	Date of onset
kind of work done, es SPINNER, Manuel kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased lest worked at 11. Total time (yeers)	Chrome rephritis
work was dona, as SILK MILL, Harm	
10. Date dacaased lest worked at this occupation (month and 1934 11. Total time (years) spent in this 45 year occupation	Triena Collins
In District of City of Laws	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) - Monutaria	
13. NAME Truble	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
1 (State of County)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Visilla Caradee	23. If death was due to external ceuses (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME Questla Conodee 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
2 (Stete or country) Marifand 17. INFORMANT AS No. 1. Marries	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Coope Charle V.a.,	
Place of O. Cent Volal Dete Dec. 13, 1937	Manner of Injury
19. UNDERTAKER Heather 1 Con Maria (Addrass) Cocon Los Cott Maria	24. Was diseesa or Injury in eny way related to occupation of deceased?
20. FILED Ale. 13, 1937 aule E. Okete. Registrar.	(Signed) la la le
ace, market	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MATERIAL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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1. PLACE/QF		OF MARYLAN		TE LIMITE OF	DEMI	JOELI
County //	orcester		WITHIN GORPON	92-70) Re	egistration Dist. Np.	350
Village or Cit	611.0	oke City	ND.		St	Wa
l ength of regid	ence in city or town where	dooth cooursed a /			ve its NAME instead of street	and number)
2. FULL NAN	D . 11	death occurred Lyrs	1 (CONNER)		gn birth?yrs	mos
		of mark	<i>f</i> 01	f U. S. Veteran, specif	y war	
(a) Residence	:. No	(Usual place of abode)	٠	Ward.	nonresident give city or town	n and State
	L AND STATIST	TICAL PARTICULAR	5	MEDICAL CERTI	FICATE OF DEAT	Н
Male	White	5. SINGLE, MARRIED, WING OR DIVORCED (write the	WED, word) 21. DATE	OF DEATH	mber 19	, 193
HUSBANO of (or) WIFE of	or divorced	Bonner)	22/n and		RTIFY, Thet i atte	nded deceased f
6. DATE OF BIRTH (n	anth day and war	. 20 19	91 Liet cam h	11 alive on 03 4	79"	37 . doublin
7. AGE Yeers		Days If LES	S than to have occurre	ed on the date stated above	e at 10 A m	#; death is
40	5 18	29 1 day,	hrs. The PRINCIPA	L CAUSE OF DEATH and	related causes of importance	
	ion, or particular rk done, as SPINNER,	7:1		•		Date oi o
SAWYER, I	BOOKKEEPER, etc.	ushuman	1/1	m 17.		111
work was	isiness in which lone, as SILK MILL BANK, etc	repealent Be	uf law	rules the	use of he	an 720
10. Date deceased this occupa		11. Total time (years)	[//	17-KA1		
year)	11/1/2	occupation		story Causes of Importance:		
12. BIRTHPLACE (city		1	L. Condition	/		
(State or count	10/1/9	Micano	- Msa	h m Con	plus at or	1
13. NAME	John 6	conner	- H-3	ast Fail	use -	Luin
14. BIRTHPLACE (70		tion		of
œ	7/16	a Da Ball			Was there	
E	Herro	CV. Dunell			IOL ENCE) fill in elso the follo	
16. BIRTHPLACE (Counts		de, or homicide?	Data of injury	, 19
17. INFORMANT	Vettre	B. Connel		(Sp	ecify city or town, county and STRY, in HOME, or In PUBLI	d State) C PLACE.
18. BURIAN OREMATI	IN, OR REMOVAL	Man Dec. 31	Manner of Inju	iry		
19. UNDERTAKER	Jearne	The mo		or in en way relat	ted to occupation of deceased	tio
20, FILED Dec.	30 ,1937	anne E Sh	(Signed)	NU	Hall	

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10.-The month and year the deceased last worked at the occupation.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 8001	July 5,1927	Peritonitis	3 days ago
103/139:4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1939	July 5,1927	Perilonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
English to the second of the s			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	(3)
County Warreland	Registration Dist. No. 😅 🕙 🖯
Village or City Frollers	No. St., Ward
£ '/	If death occurred in a hospital or institution, give its NAME instead of street and number) bsds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Xarah + bukus	If U. S. Veteran, specify WAR 220
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 24, 193 7
HUSBAND of (or) WIFE of Advin B brukes	22. I HEREBY CERTIFY. Thet I attended deceased from
DATE OF BIRTH (month, day, and yeer)	l lest saw h & elive on Q & 24, 1937; death is said
A. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, et
// // // 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8 Trade profession or particular	vere as follows: Cerebral hemorikage Date of one of 12/12/9/3
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at bis occupation (month and	Arterio-pelerasis mkno
10. Date deceased last worked of this occupation (month and C. 1937 spent in this occupation wear)	
12. BIRTHPLACE (city or town) Longinus 9 (Stete or country)	Other Contributory Causes of importance leftriles unpur
13. NAME John & Jones	V
13. NAME Johns In Jones 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Whet test confirmed diagnosis? Chinical Wes there an europsy? HT.
15. MAIDEN NAME Panon Bled	23. If deeth was due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME Dancy Poled 16. BIRTHPLACE (city or town) Qq1 (Stete or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Edwing & breken	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Formulation, Med Date to 2 2, 19.3	Manner of injury
19. UNDERTAKER HEAVE D & STATES	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED 12 27, 1937 LERoy Sweeth Registrar.	(Signed) Signed Terris M. D. (Address) Suov Aul Wil.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributes of instance			1
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year
	100		

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	<u> </u>
County Wordship	Registration Dist. No. 3 3
Village or City Near Driver Fill	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
12 0 1,1	
2. FULL NAME 1 of the	If U.S. Veteran specify WAR
(a) Residence: No. Pufow (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Funde white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2 3 13 7	I last saw h M aliva on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
O O I day,Qhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	wera as follows:
8. Trada, p:ofession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Musture beech -
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
work was done, as SILK MILL, SAW MILL, BANK, etc	
To. Date deceased last worked at this occupation (month and year) spant in this occupation occupation	
The state of the s	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Mean truth of (State or country)	
14. BIRTHPLACE (city or town) Rahobott	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?Was there an autopsy?
15. MAIDEN NAME Livis Reliston 16. BIRTHPLACE (city or town). Thurboerville (State or country)	23. If death was due to external causes (VIDLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 7 , 19	Nature of injury
19. UNDERTAKER I layou Fasher	24. Was disease or injury in any way related to occupation of deceased?
(Address) bungfull my	If so, specify
20 FUED 12/3/ 19/37 REPORT Sept 1	(Signed) W W L. M.D.
Registrar.	(Adbress) privadell find

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 1938	July 5,1927	Peritonitis	3 days ago
trc-	burne V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

A to	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	Jan't-
	County Worcestes	Registration Dist. No. 35/
should of	0-1-1	At .
shor of O	Village or City 1/2ar Subw 1445	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
t S t	Length of rasidence In city or town whare death occurredyrs@mos	
Every CIANS ement	2. FULL NAME 203 Freshir	If U. S. Veteran, specify WAR No.
RD. Every YSICIANS statement	(a) Residence: No.	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO Fract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E 2 .	Male colord OR DIVORCED (write the word)	(Month) (Day) (Year)
0 5 . 7	5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
BINDING PERMANEN EXACTI y classified te.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended decaased from
NI XX cla	2 (2-)	De. 193 1, to 1962 1 1931
BI E E E	6. DATE OF BIRTH (month, day, and year) May 12 193)	I last saw have alive on alive on 19.31; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the date stated above, at
FOR IS A I stated proper ertifica	6 4 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 10	8. Trada, profession, or particular	Doneho-preumonia 12/6/3.
ED HIS pe pe pe of of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
ERVI K—T hould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
NK.	10. Data deceased last worked at 11, Total time (years)	
RESERVED GINK—THIS AGE should be that it may be ons on back of	this occupation (month and spant in this occupation	
R NG NG AG the the	man 1 d	Other Contributory Causes of importance:
IN DI	12. BIRTHPLACE (city or town) & Management of the Country)	July Dionetitis 12/1/3
UNFADING supplied. AGI n terms, so tha		
	13. NAME 13. Tolar 14. BIRTHPLACE (city or town) - Japany Loury of	
	14. BIRTHPLACE (city or town) - App any Lowy of	Name of operation
F 2 2		What test confirmed diagnosis? Was there an autopsy? Mo.
	15. MAIDEN NAME Zola Emis 16. BIRTHPLACE (city or town) Many laws q (State or country)	23. If death was dua to external causes (VIOLENCE) fill In also the following:
X, car	0 16. BIRTHPLACE (city or town) Many long 9	Accident, suicide, or homicide?
be be imp	(State or country)	Where did injury occur?(Specify city or town, county and State)
A DE	17. INFORMANT Sarah + isher	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E-PLANKLY, should be car OF DEATH	(Address) Some Hall	
E S E	18. BURIAL, CREMATION, OR REMOVAL Place Good Afring Compate to 2 8 1937	Manner of Injury _:
WRIT WATION CAUSE	riace, 13.5,	Nature of Injury.
-WRITE mation s CAUSE TION is	19. UNDERTAKER HEarne & Dunne	24. Was disease or injury in any way related to occupation of dacaased?
å di	(Address) sonow Holf, and	If so, spacify
vi [.]	20, FILED 12981 1937 DE Car Swith	(Signed) M. D.
> A	Registrar.	(Address) Annabile W

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The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	
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Chronic interstitial ne	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 1938	July 5,1927	Peritonitis	3 days ago
THE STATE OF THE S	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH of infor-OCCUPA. 1. PLACE OF DE pluods Registration Dist. No item Village or City of (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. statement 2. FULL NAME If U. S. Veterapospecify WAR (a) Residence (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 30 SEX 21. DATE OF DEATH ORCED (write the Mord) PERMANENT classified. 5a. If married, widowed, og divorced HUSBAND of RTIFM. That I attended deceased from (or) WIFE of (2) certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS then Yeers Days to heve occurred on the date stated above, at 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or particular NO kind of work done, es SPINNER, Jo SAWYER, BODKKEEPER, etc ... CUPAT may back 9. Industry or business in which plnous work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date declased las worked at 11. Total time (years) spent in this that occupation _ 5 instructions 12. BIRTHPEACE (city of town (State or country) supplied plain terms, HER 13. NAME See FAT 14. BIRTHPLACE (city or town). (State or country) efully MOTHER 15. MAIDEN NAME 23. If death was due to externel ceuses (VIOLENCE) fill in also the following: in important OF DEATH Accident, suicide, or homicide? __. Date of injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE plnods very Manner of injury 00 CAUSE Nature of injury. NOIL 24. Was isease or injury in any wey releted to occupation of , specify 20. FILED_ (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i	Example II	
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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
21.7			

RGIN RESERVED FOR BINDING

WRITE PLAMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be nation should be carefully supplied. AGE should be

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	942
County Warcesto	Registration Dist. No. 357
Village or City Fordleling	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oey) (Seer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Joseph Hall	22. HEREBY CERTIFY. Thet I attended deceesed from
6. DATE OF BIRTH (month, day, and year) Lan 25' 1874	1 lest saw bildalive on, 19; deeth is said
7. AGE Years Month Days If LESS than	to heve occurred on the dete stated above, at ALGAm.
6 8 10 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Carouary Miromboses 17,5%
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at the company of the programmer of the p	Dead when I arrived
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Delaware (State or country)	Other Contributory Causes of Importance:
(State or country)	Neme of operation
	What test confirmed diegnosis? Was there an autopsy?
E 13. MAIDEN NAME / DOUG & 10 PP	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Duth loreffs 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, Where did injury occur?, 19
17. INFORMANT Harry Hall (Address) Fordleling and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Les Survey to Oate bec 12, 1937	Menner of Injury
19. UNDERTAKER HEave & Bernis (Address) Soors Hill	24. Was disease or injury in any wey related to occupation of deceased?
20. FILEO 12/15, 1937 LECoy Swith Registrar.	(Signed) Survi Sul M.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l l	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of ons of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURCAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	MEN E	
Gallstones	May 1,1923	Gastroenteritis	1 year	
		the state of the s		

VRITE PLANTLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PERMANENT	stated EXACTL	properly classified.	certificate.
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TH UNFADING INK-T	ly supplied. AGE should	lain terms, so that it may	ION is very important. See instructions on back of certificate.
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STATE	OF	MARYI	AND-CERTIFICATE OF	DEATH
JIAIL			AITO CENTILICATE OF	DEALL

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1. PLACE OF DEATH	(3) 3.C/
County // Orciscul	Registration Dist. No. 357
Village of City Snow Well	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
li ala G 7/ anii	7.1
2. FULL NAME GREGALLE W. Marris	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Widowed	(Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Jennior AMAS	1 HEREBY CERTIFIC. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 101. 13 1845	I last saw him elive on lessing 12, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted ebove, at
92 / 3 f day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
Trade profession or particular	Cerebral hemorrhage 12/13/27
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9.4 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1937) 11. Total time (years) spent in this	Earterio-oclerosis unbuon.
year) occupation occupation	Other Coatributory Causes of importance:
(State or country)	Chronic nesserilis subron
E 13. NAME (ingelo Harris	
13. NAME (INTELLATION OF TOWN) TOWN (State or country)	Neme of operation. What test confirmed diagnosis? Church Grown Was there an autopsy? No
15. MAIDEN NAME / GRANISTO CONCENSION	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME / 98105 (6, Boryan) 16. BIRTHPLACE (city or town) Mary (State or country)	Accident, suicide, or homicide?
17. INFORMANT 10 A. LOGINAS (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Det 28, 1937	Menner of injury
19. UNDERTAKER TEAMS THE THE CANADA THE CANA	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 12/28, 1937 Le Registrar.	(Signed) (Sternood terric M. D. (Address) Suam Hill Med.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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MUNEAUV	1		
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH County Portion of the Coun	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Village or City Village or City Village or City Length of residence in city or town where death occurred J. yrs (didesh occurred in a hospital or institution, give its NAME instead of steet and amender) Length of residence in city or town where death occurred (a) Residence: No. Linear of Land College of abody Village or City (b) Residence: No. Linear of Land College of abody Village or City (a) Residence: No. Linear of Land College of abody Village or City PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGE, MARRIED, WIDOWED No. Linear of Land College of Abody No. Linear of Married College of Abody No. Linear of Married College of Abody In Herrical College of Abody Village or City In Herrical College of Abody Village or City In Herrical College of Abody In Herrical College of College of Abody In Herrical College of Abody In Herrical College of Death and related doceased from College of Coll	1. PLACE OF DEATH	
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Length of residence in city or lown where death occurred J. J. J. Month of the country of the control of the country of the co	Village or City 4: Ilet and md.	
2. FULL NAME (a) Residence: No. July 10		death occurred in a hospital or institution, give its NAME instead of street and number)
(2) Residence: No. (2) Residence: No. (3) Residence: No. (4) Residence: No. (5) Little place of abode) (6) Little place of abode) (7) Residence: No. (8) Little place of abode) (8) (8) Little	Length of residence in city or town where death occurred 32-yrs	19. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED Croire the word) OR DIVORCED Croire the word on the date stated above, et. LL JL	2. FULL NAME Charlie Council Hu	deant U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED, OR DIVORCED Oppir the word) Sa. If married, widowed, or divorced it is the provided oppir to the word of or his widow of or his provided oppir to the word) 5a. If married, widowed, or divorced it is said to his provided oppir to the word of or his widow, or divorced it is said to have occurred on the date stated above, at 19	(a) Residence: No. 2 infleties, md.	St., Ward.
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So. If merried, widewed, or divorced (Co) white of (Co) wh		1/ 7
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TAGE Years Months Days IT LESS than 1 dey	(or) WIFE of Mattie Audion	1 HEREBY CERTIFY, That I ettended deceased from
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ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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nition should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107011
County Warrenter	Registration Dist. No. 355
Village or City Bishop , Md.	
(If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?yrsds.
2. FULL NAME alies 6. I shell	If U. S. Veteran, specify WAR
(a) Residence: No. Buchan Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grife the word)	21. DATE OF DEATH December 7 (Month) (Dev) (Geer)
5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of HABANA E, Ishell	22. I HEREBY CERTIFY. Thet I attended decessed from 1100-1-1937, to Dec 7, 1937
6. DATE OF BIRTH (month, day, end yeer) Hef. 3 1854	i lest saw h. elive on
7. AGE Yeers Months Days If LESS than	to have occurred on the dete steted above, at 31.30 A.m.
8 3 10 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
2 Trade profession or particular	Bracelopres Oate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es Silk Mill, SAW MILL, BANK, etc 10. Dete deceased iest worked et this occupation (month end	
10. Dete deceased lest worked et this occupation (month end year)	
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importence:
(State or country) 2 13. NAME Place a Medical Acade	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State or country)	Whet test confirmed diegnosis? Wes there an eutopsy?
IS. MAIDEN NAME Fling- Corle	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mis Canna Wrock (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION OR REMOVAL 7-4- 10	Menner of Injury
Place Dalanga Spling Oate Dec. 10, 19 57	Neture of injury
19. UNDERTAKER / Bushage (Address) / Bush zur	24. Was disease or Injury in any wey releted to occupetion of deceased? 200
20. FILED 12-11- ,1997 Helen J. Hayward Registrar.	(Signed) Tredorial S. brevel M. D. (Address) Bartier, Mad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	RECORD. Every item of infor-	. PHYSICIANS should state	Exact statement of OCCUPA-	1	
AGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	(TIONS) very important. See instructions on back of certificate.	
V. 3. No. 1	N. B.—WRITE PLAINLY,	mation should be car	L CAUSE OF DEATH	(TIONS very import.	re

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13431
1. PLACE OF DEATH	210-m
County Wirester	Registration Dist. No. 355
	NoSt.,Ward death occurred in e hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U. S. i1 o1 loreign blrth?yrsmosds.
2. FULL NAME William / X, fr	septh If U. S. Veteran, specify WAR
(a) Residence: No. Osulin (Usual place of abole)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Feer)
5a. 11 marriad, widowed, or divorced HUSBAND ot (or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased from
1934	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Monthy Days 11 LESS than 1 day,hrs. 01min.	to have occurred on the dete stated above, et
8. Trada, protassion, or particular kind ot work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Hoolus Akull Auto occident
SAW MILL, BANK, etc	Dither Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Carrel reph 14. BIRTHPLACE (city or town) (State or country)	Name ol operation Date ol What test confirmed diagnosis? Was there en eu'opsy?
15. MAIDEN NAME / 3. the Pichaelann 16. BIRTHPLACE (city or town) (State or country)	23. It death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) YMM	Accident, suicida, or homicide?
17. INFORMANT Mise Butter fragh. (Address)	(Specify city or town, county and State) Specily whather Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Agrandade J. Genlin M. d. Date Dec. 24, 19.27	Manner of Injury Levels Bee
19. UNDERTAKER J. M. Bushagee (Address) Bushagee	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 12-24, 1997 Helen F. Hayward	(Signed) Charles M. D. (Address) Bulin Hal
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OP DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town when How long in U.S. if of foreign birth? (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORPED (quite the word) 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILI SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 11. Total time (years)
spent in this occupation ___ 12. BIRTHPLACE (city or town) (State or country) 13, NAME 14. BIRTHPLACE (city of town Name of operation. (State or country) What test confirmed diagnosis? _____ Was there an autopsy?. MOTHER 15. MAIDEN NAME C 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury

If so, specify

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

OCCUPA.

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Exact statement

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	3	48	19	. <	
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	County Mocester	Registration Dist. No. 350
	Village or City Occomoke City	No. St., Ward
	/40 0	death occurred in a hospital or institution, give its NAME instead of street and number) 2 S ds. How long in U.S. if of foreign birth?
2	FULL NAME alla W. Jednum	U.S. Veteran no
	(a) Residence: No. Pocomotes City Marke	St., Ward.
	(Usual place of abode)/ PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
力	male white OR DIVORCED (write the word)	December 17th, 1937., 193. (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
	(or) WIFE of Robert L. Jednum	No attendance by me deceased 19
6. 1	DATE OF BIRTH (month, day, and year) The 19- 1888	practically dead when I saw her
_	AGE Years Months Days II LESS than	to have occurred on the date stated above, at 191155mm.
	49 9 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
_	8. Trade, prolession, or particular	Deceased had been looked arter barrens
<u> </u>	kind of work done, as SPINNER, Journey Go. SAWYER, BOOKKEEPER, etc.	for a long time by J. Harry Byron,
PA	9. Industry or business in which work was done as SILK MILL.	Chiropracter of Saliabury, Md.
	work was done, as SILK MILL, DONALL SAW MILL, BANK, etc	From what I have heard, which I
ŏ	10. Date deceesed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	know to be true, deceased suffered
-	year)	Other Contributory Causes of Importance: Some form of
12.	BIRTHPLACE (city or town)	asthma, cardiac, I presume. The
2	(State or country)	immediate cause of her death was,
H	13. NAME Mances my. Willow	I feel, due to acute cardiac
Y A	14. BIRTHPLACE (city or town)	Band bloperation. Deceased was quite Date of
7	(State or country)	What test confirmed diagnosis? Was there en eutopsy?
분	15. MAIDEN NAME (Olemany) Any	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
2	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
_	(State or country)	Where did injury occur?(Specify city or town, county and State)
17.	INFORMANT / / How A: Yarnes (Address) /0 /0 F. Paul A Balto mo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place 12C 20 1937	Manner of injury
	7	Nature of injury
19.	UNDERTAKER Garney & Dennys	24. Was disease or injury-imany way related to occupation of deceased? NO
	(Address) (Rocomoke City Mg)	If so, specify
20.	FILED Dec. 20, 1937 Clune & Shite	(Signed) M. D.
	Registrar	(Address) ULULUU -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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BUREAUVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state infor-OCCUPA should of item jo PHYSICIANS statement CD. Exact TI classified. 60 certificate properly stated jo may should that instructions SO supplied. terms, See plain carefully important Ë OF DEATH should very -WRITE USE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Workes Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred... How long in U.S. if of foreign birth? vrs. mos. ds. If U. S. Veteran, specify WAR_____ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of ____ 19_____ to_____ 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days if LESS than to have occurred on the date stated above, et _______m I dayhrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... IO. Date deceased last worked at II. Total time (years) this occupation (month end spent in this occupation Other Contributory Causes of importance (State or country) FATHER I4. BIRTHPLACE (city or town) Name of operation_____ (State or country) What test confirmed diagnosis? Wes there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Nature of injury_____ 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify __ (Signed). Bour walden Ce Registrar. (Address) ____

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
This women has had as chronic restricting and a
myocarditi, To my Knowledge you 11 years. The
und I sund dead and it has been splining to
Leath was caused by her shopic heart and
fedrey condition / dans
destara.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	-CERTIFIC	CATE	OF	DEATH
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1. PLACE OF DEATH	100
County Warcester	Registration Dist. No. 35/
Village or City new Lnow Will	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
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2. FULL NAME CANTER THUME OF	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug. 7, 1937	I last saw h 1814 alive on Alec 14, 1937 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ista/Tuenmonia 12/1/37
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0 +0
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	acute Bronelicks
12. BIRTHPLACE (city or town) Real Langue Hell (State or country)	Other Contributory Causes of Importance:
13. NAME (endeal muniford	
14. BIRTHPLACE (city or town) Lun Will	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Selling Husson	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A Curye Hudan (Address) (new trow Kill, Md.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Laylors Fite Date Dec. 5. 1937	Manner of Injury
19. UNDERTAKER Againe & Dewins (Address) Line Hill mil	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1254, 1937 REROY Swith Registrar.	(Signed) A. (Address) M. D. (Address) M. D. Will Mid.

V. S. No. 1

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
227 Control Control	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUR	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in one or town where death occurred How long in U.S. If of foreign birth? yrs. mos. ds. 2. FULL NAME If U. S. Veteran, specify WAR PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) UNG! (Month) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of . 19_____, to______, f9___ 6. DATE OF BIRTH (month, day, and yeer) Days 7. AGE Months to heve occurred on the date steted above, at f day,hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... f O. Date deceased last worked at f1. Total time (years) this occupation (month end spent in this occupetion ... Other Contributory Causes of Importance: 12. BfRTHPLACE (city or town). (State or country) f3. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ 23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:

FATHER MOTHER f5. MAIDEN NAME f6. BIRTHPLACE (city or town)

(Stete or country)

17. INFORMANT __ (Address) 18. BURIAL CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Manner of injury Nature of injury

Accident, suicide, or homicide?_____ Date of injury____

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

24. Was disease or injury in any way related to occupation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Where did injury occur?____

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Ė	xample I		Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	ALTER 2 1200	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	£.115-55.11	July 5,1927	Peritonitis	3 days ago	
6.0					
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
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PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT RE-AGE should be stated EXACTLY. USE OF DEATH in plain terms, so that it may be properly classified. MON is very important. See instructions on back of certificate. mation should be carefully supplied. B.-WRITE PL

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(7)
County Workeler	Registration Dist. No. 350
Village or City Williams	No. St Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Mrs adolph. Prider	
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH 20 2 1937 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Calabah Passey	22. DECENIBER 13 1037 to OCCUPATION 1031
6. DATE OF BIRTH (month, day, end year) DOC 5 1873	last saw h. P.V. elive on December 17 1937: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 6/5 1
65 0 13 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	LOBAR DNEUMONIA 12/13/39
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) spent in this occupation coupation	
12. BIRTHPLACE (city or town) Whrcester Cunt	Other Contributory Causes of importance:
(Stete or country)	11/19/2
13. NAME Semuel Truit	
14. BIRTHPLACE (city or town) Worcester Country	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Wes there en autopsy?
16. BIRTHPLACE (city or town) Worked Couly	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Typucater Carely	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Martha Imullia (Address) Cublic Landing	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wangt Chulley Date Nec. 20, 1937	Nature of Injury
19. UNDERTAKER My W. Bradshaw (Address) Coconoke City	24. Was disease or injury In an way related to occupation of deceased?
20. FILED Ale. 20, 19.37 Ann E. White Resistrar	(Signed) A See Hall M. D. (Address) Courting to City M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RGIN RESERVED FOR BINDING	-WRITE PLACLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 13428
1. PLACE OF DEATH	Registration Dist. No. 350
70 /	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Column Where deeth occurred for yes. O mos.	If U. S. Veteran, specify WAR 10.
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Mall Mall	21. DATE OF DEATH (Month) (Day) (Mear)
6a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Aonora B. Pusey	22. HEREBY CERT FY. That I attended deceased from 1937, to 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Month Deys If LESS then	to heve occurred on the dete steted above, et
79 6 I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER HAMMEN SAWYER, BOOKKEEPER, etc.	151-29
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc. 11. Total time (years) 11. Total time (years) 12. Date decessed last worked at spent in this country and spent in this	guadu xillogia 75,5/
this occupation (month and 1937 spent in this 60 year)	Dither Contributory Causes of Importance:
12. BfRTHPLACE (city or town) - Maryland	Derebal Lemontage 12/5:37
13. NAME Comes Dusey 14. BIRTHPLACE (city or town)	Neme of operation Date of
(Siete of country)	Whet test confirmed diegnosis? Pluse Was there en eutopsy? La
15. MAIDEN NAME	23. If deeth was due to externel causes (VIDLENCE) fill in elso the following:

Manner of Injury

12, BfRTHPLACE ((State or co FATHER 13. NAME 14. BIRTHPLAC (Stete MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country 17. INFORMANT

(Address 18. BURIAL SEPHATION, OR DEMOVAL

19. UNDERTAKER

20. FILED

23. If deeth was due to externel causes (VIDLENCE) fill in elso the following:

Accident, suicide, or homicide?_____ Dete of injury_ Where did Injury occur?____ Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury In eny wey related to occupation of deceased?.

If so, specify

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

	WRITE PLANTLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	·V	
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	PLA	ould	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE OF	MARYI	AND-CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	942	
County Norcesles	Registration Dist. No. 35/	
Village & City Snow Will	No. St	Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and numbeds. How long in U.S. if of foreign birth?yrsmos	1
2. FULL NAME Dewell J. Riley	If U. S. Veteran, specify WAR 10	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 13 , 193 (Month) (Day) , 193	7
59. If married, widowed, or divorced HUSBAND of (or) WIFE of Omna B. Ruley	22. HEREBY CERTIFY That I attended decea	sed from
6. DATE OF BIRTH (month, day, and yaar) March 25—1863	I last saw h_ Lucalive on Auc 58, 1957; dea	th is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2	
82 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wage as follows:	e of onset
8. Trada, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL HOLLING SAW MILL, BANK, etc. 11. Total time (yaars) this occupation (month add to the counstion of month add to the counstion of the counstion of the counstion of the counstion of th	Ceronary Thromboais 12	113/37
9. Industry or business In which work was done, as SILK MILL DWN FLOURN SAW MILL, BANK, etc.		
Date deceased last worked at this occupation (month and 1937 spent in this occupation war)		
12. BIRTHPLACE (city or town) - Manufamed	Other Contributary Causes of importanca:	
# 13. NAME James & Priley		
13. NAME James 6 17 iley 14. BIRTHPLACE (city or town) - Manulana (Stata or country)	Name of oparation Date of Was there an autops	wille.
15. MAIDEN NAME Jone Hancock	23. If death was due to external causes (VIOLENCE) fill in also the following:	970-
16. BIRTHPLACE (city or town) Mary man	Accident, suicide, or homicide? Date of injury	19
(State or country)	Whera did Injury occur?	
17. INFORMANT / W N Mala / Shockley (Addrass) Thow Y Mel and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CHEMATION, OR REMOVAL PIEM Date Dec. 15, 1937	Manner of Injury	
19. UNDERTAKEN VIGATURE + DE TAMES (Addrass) Snow Hill TM	24. Wes disease or Injury in any way related to occupation of deceasad?	
20. FILED 12/14/, 1937 RECoy Sewith Registrar.	(Signed) Dyn July (Addrass) Furn July July	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
3		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

WRITE PL

TION is very important. See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

JRD. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1,	1	17	11
1	()	4	5	0

1. PLACE OF DEATH	(9)
County Marcia Cyperonate Limits	Registration Dist. No. 3 4
Village or City Inou This	NoSt.,Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) os. &
011101	7
2. FULL NAME Takes Ju Toh	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city of town, and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH /2. 2/ (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (Day) (Taa1)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attanded decased from
6. DATE OF BIRTH (month, dey, end year) Fel 1 1937	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$30 P.m.
10 21 1 day,hr	The PRINCIPAL CAUSE OF DEATH and ralated causes of importence were as follows: Date of enset
8. Trada, profassion, or particular kind of work dona, as SPINNER,	Date of british
SAWYER, BDDKKEEPER, etc.	Jerusoro ;
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked at this occupation (month and	
10. Date daceased last worked at this occupation (month and year) 11. Total tima (yeers) spant in this occupation	
12. BIRTHPLACE (city or town) Inou Thill	Other Contributory Causes of Importanca:
(State or country)	Jamens Bullinne 1919/3
II 13. NAME Fichard - Collen	
13. NAME / Land Cellen 14. BIRTHPLACE (city or town) Snew Cfell	Nama of operation Data of Data of
(State or country) Baugard	What test confirmed diagnosis? Was there an au'obsyl
15. MAIDEN NAME (Crementage Softestorn) 16. BIRTHPLACE (city or town) (State or country)	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT July Bleetson	Whare did injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
(Addrass) I Snew Thill ma	
18. BURIAL, CREMATION, OR REMOVAL Place M E P Date Date 25 1937	Mannar of Injury
Place Date Date 193	Nature of injury
19. UNDERTAKER Dennes	24. Was disease or injury in any way related to occupation of deceased?
(Address) Inan Till	If so, spacify
20. FILED 12/23, 193/ LECoy Sweeth	(Signad) - M. D. (Address) Szwy Fill M. D.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RIMEAU V. S.	الله		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

19. UNOERTAKER

20, FILEO NIC

(Address)

-WRITE

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	IMITS 09
County Wordsler WITE	Registration Dist. No. 350
Village or City Yocomoke City	NoSt.,Ward
Length of residence In city or town where death occurred yrs mos 2. FULL NAME Alexander Hartley Steve (a) Residence: No. Occamoke City Marks (Usual place of abode)	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds. If U. S. Veteran, specify WAR St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 , 193 7 (Month) (Day) (Year)
59. If married, widowed, or diverged HUSBANO of (or) WIFE of Stella W. Stevens	22. I HEREBY CERTIFY, That I attended deceased from 19,32, to 12, 19
6. DATE OF BIRTH (month, day, and year) OCT. 14 - 18 65	I last saw have alive on
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNS College Grand	angina Pretons
this occupation (month of 12.1937 spent in this 2940s) 12. BIRTHPLACE (city or town) (State or country)	Other Contributery Causes of Importance:
13. NAME a. Gilney stevens	
13. NAME U. Gidney Slevens 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mall 6. Juit	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Occomodel City mg	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL Place Martin Or REMOVAL Oate Dec 15 1937	Manner of Injury

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Registrar.

(Signed)

(Address)

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Example I	11	Example II	-to -
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 8 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I BUREAU V. C			
And the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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KGIN KI	UNFADING
4	WITH
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Exact statement of OCCUPA-

properly classified.

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nation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

T.	1	.h	17	C
Ī	3	4	0	1

1. PLACE OF DEATH	(Bea)
County Wireester	Registration Dist. No. 332
Village or City Bulism and (IF	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Witel m. Stout	If U. S. Veteran, specify WAR
(a) Residence: No. 13 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH December 14 (1937) (Month) (Def) (Seer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur 6. Stout	22. HEREBY CERTIFY That I attended decessed from 1937, to See 14, 1937.
7. AGE Yeers Months Days If LESS than 1 dey,	i lest saw h
13. NAME William Williams 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIOEN NAME (and 6 Standard) 16. BIRTHPLACE (city or town) (Stety or country) 17. INFORMANT Milful b, Standard (Address)	23. If death wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OF REMOVAL PIECE FAMILIA MAL Date Dell 19,1939	Manner of Injury
19. UNOERTAKER COLOMBIA CONTRACTOR CONTRACTO	24. Wes disease or injury in eny way related to occupetion of deceesed?
20. FILED LICE 19, 1937 I Hoge Marie	(Signed) Trederick S. McGoll M. D. (Address) Berline, M. L.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE

V. S. No. 1

state infor-

plnods

OCCUPA.

jo

11. Total time (years)

spent in this

10. Data deceased last worked at

12. BIRTHPLACE (city or town

15. MAIOEN NAME

(Address) 18. BURIAL, CREMATION, OR

(Address)

19. UNOERTAKER

20, FILEO_

13. NAME

FATHER

MOTHER

... LION (State or country

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

REMOVAL

this occupation (month end

13433

_	943	
	Registration Dist. No. 3 5 /	
(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?	Ward
2	If U. S. Veteran, specify WAR	
	St., Ward.	
1	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
-	21. DATE OF DEATH	
	2. DATE OF BEATH SUC. 13	193 7
-	(Month) (Day)	(Чааг)
	22. I HEREBY CERTIFY, That I attended	daceasad from
7	, 19, to	, 19
	I last saw h aliva on	; death is said
ITS.	to have occurred on the data steted above at the minus of the principal CAUSE OF DEATH and related eaches of physicians.	al.
	were as follows:	Oate of onset
	Siplant of Wilness	
	2000	
	Williams /	7
	[/	
	Other Contributory Causes of Importence:	
	Jain of fright for	
	tack of seronal care	
	1	
-	Name of operation. Data of	
		utopsy?
	23. If death wes due to axternal causes (VIOLENCE) fill in elso the following	
	Accident, suicide, or homicide? Date of Injury	, 19
	Where did injury occur? (Specify city or lown, county and State	e)
	Specify whether injury occurred in INOÚSTRY, in HOME, or in PÚBLIC PLA	40E.
	Manner of injury	
-)-	Natura of injury	e
	24. Wes diseesa or injury In any wey related to occupation of decaased.	10
	If so, specify 1 . acting orone	00
	(Signed) David D. Michinau	M.D.
	(Address) Anow Still Mil,	

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<u> </u>	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephra	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
		7 2	/	
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones	*	May 1,1923	Gastroenteritis	1 year
			200 M	